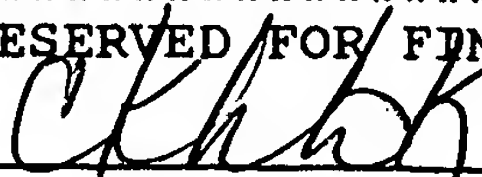


UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: 09/15/06		2 Serial/Patent # 10/665,789		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time	Wfee	02/27/06	\$ 2,160.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
		7 TOTAL AMOUNT OF REFUND		\$ 2,160.00
		8 TO BE REFUNDED BY:		
10 REASON:			Treasury Check	
	Overpayment	X	Credit Deposit A/C #:	
	Duplicate Payment		9 0 3 -- 1 1 2 9	
X	No Fee Due (Explanation):			
Extension of Time filed outside six (6) month statutory period.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: Andrea Smith		TITLE: Petitions Examiner		
SIGNATURE: /Andrea Smith/		PHONE: 2-3226		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: 		DATE: 9/18/06		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



*Wife
(Refund)*

REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional) 03-143

In re Application of Ronald W. Fechter ET AL.

Application Number 10/665,789

Filed 09/18/2003

For ATTACHMENT DEVICE FOR A LOAD BEARING MEMBER

Art Unit 3679

Examiner Victor L. Macarthur

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☒ Five months (37 CFR 1.17(a)(5)) \$ 2,160.00

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1129.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 45,597

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

02/23/2006

Date

(309) 636-1974

Telephone Number


Signature

Andrew J. Ririe

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

02/28/2006 TBESHAH1 00000019 031129 10665789

FC:1255 2160.00 DA

Adjustment date: 09/18/2006 CKHLOK

02/28/2006 TBESHAH1 00000019 031129 10665789

02 FC:1255 2160.00 CR